

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3843AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANGELS CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1905 S 17TH STREET LAS VEGAS, NV 89104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28380  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/3/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category I residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 12/3/09, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 and #2, no pre-employment physicals on file).  This was a repeat deficiency from the 12/5/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 12/3/09, the facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #3).  This was a repeat deficiency from the 12/05/08 State Licensure survey.  Severity: 2 Scope: 2	Y 105		

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Y 106  Y 106 SS=E	Continued From page 2  449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 12/3/09, the facility failed to ensure that 1 of 4 caregivers were trained in first aid (Employee #2, no first aid training).  This was a repeat deficiency from the 12/5/08 State Licensure survey.  Severity: 2 Scope: 2	Y 106  Y 106			
Y 180 SS=E	449.209(7) Health and Sanitation-Lighting  NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.  This Regulation is not met as evidenced by: Surveyor: 28380	Y 180			

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Y 180	Continued From page 3  Based on observation on 12/3/09, the facility failed to ensure 1 of 2 emergency lights functioned when tested (the two emergency lights near the front door).  Severity: 2      Scope: 2	Y 180			
Y 354 SS=E	449.222(4) Bathrooms and Toilet Facilities  NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on observation on 12/3/09, the facility did not ensure 1 of 2 bathrooms were properly vented (Bathroom #2).  Severity: 2      Scope: 2	Y 354			
Y 775 SS=G	449.2726(1)(b)(1) Residents having diabetes  1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (b) The resident's medication is administered: (1) By the resident himself without assistance;  This Regulation is not met as evidenced by:	Y 775			

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Y 775	Continued From page 4  Surveyor: 28380 Based on observation, record review and staff interviews on 12/03/09, the facility did not ensure 1 of 5 residents receiving insulin administered the medication themselves without assistance (Resident #1).  A review of the records of Resident #1 indicated he was diabetic with daily insulin injections. The injections were not on a sliding scale, but rather a defined daily dosage.  An interview with Employee #4 indicated that the insulin was stored in the refrigerator. She further stated that Resident #1 was able to give his own injections. Upon questioning she confirmed that the employees knew that they could not assist with the injection procedure.  An observation of the stored medication revealed that the syringes were prefilled with the prescribed daily insulin dosage. Approximately ten syringes were filled and ready for injection.  The interview with Employee #4 then confirmed that the syringes were prefilled by the facility's administrator, Employee #2. Employee #2 was employed in California as a nurse but returned to the facility each weekend. During his weekend visits, the administrator prepared the syringes for the upcoming injections. Employee #4 confirmed that Resident #1 was unable to properly fill the syringes himself.  Severity: 3 Scope: 1	Y 775		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749	Y 936		

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Y 936	<p>Continued From page 5</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 12/3/09, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2, a second step TB test was not completed ) which affected all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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